

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 5-3-01 through 9-5-01.
- b. The request was received on 2-6-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. EOBs
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the Requestor's 14 day response to the Respondent on 12-3-02. The response from the Respondent was received in the Division on 12-3-02. Based on 133.307 (i) the Respondent's response is timely. The Respondent's three (3) and fourteen (14) day response are reflected in Exhibit II.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 3-25-02:

"...in order that we can file a med dispute regarding the requested refund letters stating that this was paid in error. These charges were paid in error and are not related to our WC Injury [sic]."
2. Respondent: Letter dated 12-5-02:

"(Claimant) went to a BRC and CCH for her injuries and lost everything but her left knee. As her treating doctor we are allowed to see the patient on an as needed basis. Ms. ___ was still having problems with her knee and Dr. ___ felt that the patient needed to come in on an as needed basis to receive complimentary therapy."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 5-3-01 through 9-5-01.
2. The Requestor is seeking a refund for dates of service 5-3-01 through 9-5-01.

V. RATIONALE

Medical Review Division's rationale:

Pursuant to TWCC Rule 133.304 (a) (b), "Except as provided in subsections (d) and (e) of this section, an insurance carrier shall take final action on a medical bill not later than the 45th day after the date the insurance carrier received a complete medical bill." The Rule defines final action as, ".... (2) denying a charge on the medical bill; or (3) requesting reimbursement for an overpayment."

The Requestor has failed to include supporting documentation as to when the HCFA's were received by Requestor. Without the ability of Medical Review to determine when the Requestor received the bills from the Respondent, no refund can be recommended.

The above Findings and Decision are hereby issued this 9th day of December 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll